

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Lincoln Project		FEC IDENTIFICATION NUMBER ▼ C C00725820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Summit Strategic Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2020	
Mailing Address 6300 Sagewood Dr Ste H-543		Amount 139150.00	
City Park City	State UT	Zip Code 84098-7502	Transaction ID : 500050666
Purpose of Expenditure Media Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2020	
Name of Federal Candidate TILLIS, THOM, SEN., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Summit Strategic Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2020	
Mailing Address 6300 Sagewood Dr Ste H-543		Amount 8650.00	
City Park City	State UT	Zip Code 84098-7502	Transaction ID : 500051137
Purpose of Expenditure Production Costs	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2020	
Name of Federal Candidate TILLIS, THOM, SEN., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	147800.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Galen, Reed, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 21 / 2020

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TUSK Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2020	
Mailing Address 1441 L St NW FI 12		Amount 30000.00	
City Washington	State DC	Zip Code 20005-3512	Transaction ID : 500051152
Purpose of Expenditure Digital Buy	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2020	
Name of Federal Candidate TILLIS, THOM, SEN., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 177800.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	177800.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Galen, Reed, , ,

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